

PERSONAL HISTORY RECORD  
DEPARTMENT OF CITY CIVIL SERVICE  
1300 Perdido St., New Orleans, La. 70112  
APPLICATION OFFICE - 7W03\*MAIN OFFICE-7W03

SOCIAL SECURITY NUMBER \_\_\_\_\_

Fill in with typewriter or  
ink. Be sure to complete  
all items accurately.

INSTRUCTIONS: When completed this form should be filed with the Department of City Civil Service together with your Application for Examination (CS-13). It will NOT be necessary for you to submit another Personal History Record, regardless of the number of examinations you may take from time to time. When making application for future examinations, however, it will be necessary to file a Supplementary Data form (CS-2) with any information not previously included.

PLEASE PRINT

1. NAME	(Last)	(First)	(middle/maiden)	3. PHONE
2. ADDRESS	(Number & Street)	(Apartment)		4. DATE OF BIRTH
	(City)	(State)	(Zip)	(month) (day) (year)

FOR STATISTICAL PURPOSES ONLY

5. SEX	<input type="checkbox"/> Female <input type="checkbox"/> Male	6. RACE	<input type="checkbox"/> American Indian <input type="checkbox"/> Asian	<input type="checkbox"/> Black <input type="checkbox"/> Hispanic	<input type="checkbox"/> White <input type="checkbox"/> Other
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7. Are you a U.S. citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>	8. Are you a qualified voter of the City of New Orleans?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "no", do you possess a current work visa? Yes ☐ No ☐

9. Have you ever been convicted of any offenses other than minor traffic violations?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If "yes" offense(s) \_\_\_\_\_ conviction date(s) \_\_\_\_\_

10. EDUCATION AND TRAINING

Circle last grade completed	Name & Address of School	Last year attended	High School diploma or G.E.D. received?
1 2 3 4 5 6 7 8 9 10 11 12			Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of College or University	Location	Major: Minor: Degree:	Highest year completed
			Year attended From To
Graduate School	Location	Program of Study: Degree:	Semester Hours Credit
			Year attended From To
Business, Trade, Other School	Program of Study	Length of Program	% Completed
			Year Completed

11. List any special job-related skills that you have acquired which are not covered above:

12. List any special licenses which you hold:

13. Do you possess a valid Louisiana driver's license? Yes ☐ No ☐ If "yes": what class? \_\_\_\_\_

14. AFTER HAVING READ and COMPLETED VETERAN PREFERENCE CLAIM form, do you claim Veteran's Preference?

(Veteran Preference Claim form available from Room BW04) Yes ☐ No ☐

If "yes", which of the following is basis of eligibility?

- |   |  |
|---|--|
| <input type="checkbox"/> Honorably discharged veteran | <input type="checkbox"/> Unremarried widow or widower of veteran       |
| <input type="checkbox"/> Disabled veteran             | <input type="checkbox"/> Unremarried widow, divorced, or separated     |
| <input type="checkbox"/> Spouse of disabled veteran   | parent of person who died or became totally disabled in active service |

15. List any special accommodations you may need for testing (e.g sign language, interpreting, etc.)

**EMPLOYMENT RECORD.** Beginning with your most recent employment, list below your work experience. Attach additional sheets if necessary. Be specific and complete. IF JOB CONSISTED OF MORE THAN ONE MAJOR RESPONSIBILITY, PLEASE INDICATE WHAT PERCENTAGE (%) OF TIME WAS SPENT ON EACH RESPONSIBILITY. IF JOB INCLUDED SUPERVISORY RESPONSIBILITY, PLEASE INDICATE THE NUMBER AND TITLES OF EMPLOYEES SUPERVISED.

<b>CURRENT OR MOST RECENT EMPLOYMENT</b>	
Company _____	Monthly Salary _____
Address _____	Title _____
Duties: (See above instructions.) _____	From: _____
_____	(month) (year)
_____	To _____
_____	(month) (year)
_____	Full-time _____ Part-time _____
_____	If part-time, number of hours _____
Name of immediate supervisor _____	per week _____
May we contact the company? _____	Are you still employed? _____

  

<b>CURRENT OR MOST RECENT EMPLOYMENT</b>	
Company _____	Monthly Salary _____
Address _____	Title _____
Duties: (See above instructions.) _____	From _____
_____	(month) (year)
_____	To _____
_____	(month) (year)
_____	Full-time _____ Part-time _____
_____	If part-time, number of hours _____
Name of immediate supervisor _____	per week _____
May we contact the company? _____	Are you still employed? _____

  

<b>CURRENT OR MOST RECENT EMPLOYMENT</b>	
Company _____	Monthly Salary _____
Address _____	Title _____
Duties: (See above instructions.) _____	From _____
_____	(month) (year)
_____	To _____
_____	(month) (year)
_____	Full-time _____ Part-time _____
_____	If part-time, number of hours _____
Name of immediate supervisor _____	per week _____
May we contact the company? _____	Are you still employed? _____

17. I hereby certify that this form contains no willful misrepresentation or falsification; that information given by me is true and complete to the best of my knowledge and belief. I am aware that, should investigation at any time disclose any such misrepresentation or falsification, my application may be rejected, my name may be removed from the employment list and I may be disqualified from applying in the future for positions in the Civil Service of the City of New Orleans.

**IMPORTANT:** Check to see that you have completed each item accurately. Your examination grade may depend upon the information you have given.

Signature \_\_\_\_\_  
Date \_\_\_\_\_